

Date

Parent Name

Parent Address

City, State, Zip

Re: Child's name

Dear Parent Name:

This letter is in response to your telephone referral to our program for Child's Name on Date.

Our program accepts referrals for children ages birth to three who demonstrate a developmental delay or have a diagnosed condition associated with developmental delay or disabilities. Children who qualify for our program without a diagnosed condition must be at a 50% delay (half-age) for a specific skill area.

During our conversation, we both agreed that Child's name current skill level does not reflect delays near the 50% range. Since there is no reason to suspect that Child's Name would be eligible for First Steps, we determined that no evaluation would be conducted at this time. If in the future you feel your child's skills do not progress or if your child begins to show regression in skills, please contact our office again to discuss making a referral. Record of your phone inquiry will be kept on file here at the First Steps office.

I have enclosed a document describing your parental rights under First Steps.

Please contact our office at Phone Number if you have any questions regarding the information in this letter. Thank you.

Sincerely,

Name

Service Coordinator

Cc: Inquiry file

# MISSOURI FIRST STEPS EARLY INTERVENTION INQUIRY FORM



COMPLETED BY: \_\_\_\_\_ DATE OF INQUIRY: \_\_\_\_\_

## CHILD'S INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male Female Ambiguous  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_, MO Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

## FAMILY INFORMATION:

Parent's Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

## CALLER INFORMATION: (If other than parent)

Caller's Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**COMMENTS** (Summary of phone call with parents and/or caller and reasons why referral was not pursued):

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## Decision:

\_\_\_\_\_ **Information Request Only**  
\_\_\_\_\_ Resources Sent (if applicable)/Date \_\_\_\_\_

\_\_\_\_\_ **Referral Discussed – Consensus not to Proceed**  
\_\_\_\_\_ Letter Sent/Date \_\_\_\_\_  
\_\_\_\_\_ Parental Rights Sent/Date \_\_\_\_\_

\_\_\_\_\_ **Referral Refused**  
\_\_\_\_\_ Notice of Action Sent/Date \_\_\_\_\_  
\_\_\_\_\_ Parental Rights Sent/Date \_\_\_\_\_